

# CITY OF CHICOPEE

## BUILDING DEPARTMENT

### **\*\*\*PLEASE READ\*\*\***

**PLEASE NOTE:** All of the required information must be submitted to each Department, or the checklists will be returned to the applicant. This will delay obtaining a Building permit.

**TO:** All applicants applying for Building Permits (1 or 2 Family Dwellings)

**RE:** Check-list for Inter-Department Review

The City of Chicopee is using an Inter-Departmental Review Checklist for all new construction projects regarding building permits (except projects requiring site plan or subdivision review, which must go through a more extensive review process). The checklist is designed to give each City Department concerned with a new construction project an opportunity to comment on new proposals. This check-list not only makes City Departments aware of upcoming projects, but also helps alert applicants to any potential difficulties they might face on a particular site, such as limited access to utilities, wetland concerns, the need for additional permits, etc.

Please attach a copy of the Assessor's Map for the property along with a SURVEYED PLOT PLAN prepared by a Licensed Land Surveyor registered under the General Laws of the Commonwealth of Massachusetts **TO EACH DEPARTMENT'S CHECKLIST**. The survey plan must show the following:

- All property corners, with type of monumentation (identified as set or found)
- Existing and proposed grading, proposed grading at house corners and garage doors
- Proposed location of building(s) and driveway
- All utilities
- Elevation of top of foundation wall F.F., benchmark and datum
- Direction of storm water run-off; the proposed grading shall not direct run-off toward abutting properties
- Location and dimensions of existing and proposed easements
- North arrow, street name(s), lot area, zoning district, setbacks, side yards, lot area, and Chicopee Assessor's map and parcel ID number
- 1:20 Scale **NO REDUCED COPIES WILL BE ACCEPTED!**

Department Heads will complete the checklists within two weeks of submission, and will forward them to the Building Commissioner. A permit cannot be issued until **ALL** checklists have been completed and returned. If any problems are discovered in the course of the Inter-Department Review, a meeting will be scheduled with the applicant and a representative from the Department(s) concerned in order to determine an appropriate resolution.

Please enter the information requested regarding the location of the property, owner's name and address, etc. on each sheet and deliver to each Department below:

☐ Building Department  
274 Front Street/1<sup>st</sup> Floor

☐ Plumbing Department  
274 Front Street/1<sup>st</sup> Floor

☐ Energy Compliance Report  
(submit to Building Department)

☐ Police Department  
80-110 Church Street

☐ Fire Department\*  
80-110 Church Street

☐ Health Department (rear of Safety Complex)  
15 Court Street

☐ Water Department  
27 Tremont Street

☐ Water Pollution Control  
80 Medina Street

☐ Chicopee Electric Light  
725 Front Street

☐ Conservation Commission  
274 Front Street/4<sup>th</sup> Floor

☐ Department of Public Works  
115 Baskin Drive

☐ Planning Department  
274 Front Street/4<sup>th</sup> Floor

\*Three sets of building plans showing the locations of all smoke detectors must be submitted to the Fire Department for review and approval.

## BUILDING DEPARTMENT

274 Front Street  
Chicopee, MA 01013  
(413)594-1440

### Section 1: To be completed by Applicant

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant)

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

### Section 2: To be filled out by Building Department

1. Is the proposed used allowed in the zoning district? (If so, under what category?)

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does the project meet the dimensional requirements of the Zoning Ordinance?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does the application require any of the following?

Y N Zone Change Y N Special Permit

Y N Waiver of Frontage Y N Variance

Y N Site Plan Review Y N Subdivision Review

Y N License (If yes, what kind?): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is off street parking required? Y N

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BUILDING DEPARTMENT

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**5. Are there any special or unusual conditions which might warrant further investigation before a permit is issued, such as:**

<b>Y</b>	<b>N</b>	Steep Slopes	<b>Y</b>	<b>N</b>	Unstable soils/slopes
<b>Y</b>	<b>N</b>	Proximity to active or suspected landfills	<b>Y</b>	<b>N</b>	Located in floodway or floodway fringe
<b>Y</b>	<b>N</b>	Suspected Wetlands	<b>Y</b>	<b>N</b>	Located in a Historic District
<b>Y</b>	<b>N</b>	Extensive paving proposed			
<b>Y</b>	<b>N</b>	Extensive filling, removal of earth materials, and/or grading proposed			
<b>Y</b>	<b>N</b>	Other: _____			

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Building Commissioner**

\_\_\_\_\_  
**Date**

To be completed by: \_\_\_\_\_

## PLUMBING DEPARTMENT

(Located in the Building Department)

274 Front Street

Chicopee, MA 01013

(413) 594-1671

### **Section 1: To be completed by Applicant**

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant)

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

### **Section 2: To be filled out by Plumbing Inspector (only if project requires septic system)**

1. If the project requires the installation of a septic system, has the lot successfully passed a percolation test?

Y      N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Plumbing Inspector

\_\_\_\_\_  
Date

Please return to Building Commissioner by: \_\_\_\_\_

274 Front Street, 4<sup>th</sup> Floor  
Chicopee, MA 01013  
(413) 594-1515

**Location of Property:** \_\_\_\_\_ **Map/Parcel #:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Owner's Name & Address:** \_\_\_\_\_  
(if different than applicant)

**Proposed Use:** \_\_\_\_\_

**Zoning:** \_\_\_\_\_

**1. Has the applicant submitted a site plan showing the following information:**

- |   |   |  |
|---|---|--|
| Y | N | All property corners, with type of monumentation (identified as set or found)  |
| Y | N | Existing and proposed grading, proposed grading at house corners and garage doors  |
| Y | N | Proposed location of building(s) and driveway  |
| Y | N | All utilities  |
| Y | N | Elevation of top of foundation wall F.F., benchmark and datum  |
| Y | N | Direction of storm water run-off   |
| Y | N | Location and dimensions of existing and proposed easements   |
| Y | N | North arrow, street name(s), lot area, zoning district, setbacks, side yards, lot area, and Chicopee Assessor's map and parcel ID number |
| Y | N | 1:20 Scale   |

**Comments:**

**2. Should the application be reviewed by the following Commission?** **Y** **N**

Type of review: \_\_\_\_\_

Date of Historical Commission Decision: \_\_\_\_\_

Approved/Denied (if approved, describe any special conditions or attach appropriate paperwork):  
\_\_\_\_\_

## PLANNING DEPARTMENT

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3. Does the project require any of the following approvals? (If so, enter date application received, whether approved or denied, and date of decision.)

			Application Date	Approved/Denied		Date of Decision
Y	N	Zone Change	_____	A	D	_____
Y	N	Special Permit	_____	A	D	_____
Y	N	Waiver of Frontage	_____	A	D	_____
Y	N	Variance	_____	A	D	_____
Y	N	Site Plan Review	_____	A	D	_____
Y	N	Subdivision Review	_____	A	D	_____
Y	N	Approval-not-required Plan	_____	A	D	_____
Y	N	Other	_____	A	D	_____

Comments:

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Additional Comments:

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\_\_\_\_\_  
Planning Director  
Development Manager

\_\_\_\_\_  
Date

Please return to Building Commissioner by:\_\_\_\_\_

## CONSERVATION COMMISSION

274 Front Street  
Chicopee, MA 01013  
(413) 594-1515

### Section 1: To be completed by Applicant

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant)

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

### Section 2: To be filled out by Conservation Commission Administrator

1. Should this application be reviewed by the Conservation Commission?                      Y                      N

Type of review required: \_\_\_\_\_

Date of Conservation Commission Decision: \_\_\_\_\_

☐      **Approved**

☐      **Denied**

Note: If approved, describe any special conditions or attach appropriate paperwork

Special Conditions: \_\_\_\_\_

2. If project is subject to a Notice of Intent (NOI) then WPA Form5 – Order of Conditions – G  
Recording Information must be completed and returned to the Conservation Commission  
prior to the issuance of any permits.

☐      **N/A**

☐      **Completed**

\_\_\_\_\_  
Planning Director  
Development Manager

\_\_\_\_\_  
Date

Please return to Building Commissioner by: \_\_\_\_\_

**FIRE DEPARTMENT**

80 Church Street  
Chicopee, MA 01013  
(413) 594-1600

**Section 1: To be completed by Applicant**

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant) \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

**Section 2: To be filled out by Fire Department**

1. Is the street on which the project will be located adequate for emergency vehicle access?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Are fire hydrants located within a reasonable distance of the project site in order to provide adequate fire protection?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Are there any special actions which the applicant should take to ensure adequate fire safety?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

Please return to Building Commissioner by: \_\_\_\_\_



## HEALTH DEPARTMENT

15 Court Street  
Chicopee, MA 01013  
(413) 594-1660

### **Section 1: To be completed by Applicant**

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant) \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

### **Section 2: To be filled out by Health Department**

1. Are there any health concerns related to this site of which the applicant should be made aware (proximity to existing or suspected dumping sites, evidence of past dumping, etc.)?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

Please return to Building Commissioner by: \_\_\_\_\_

**POLICE DEPARTMENT**

110 Church Street  
Chicopee, MA 01013  
(413) 594-1770

**Section 1: To be completed by Applicant**

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant) \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

**Section 2: To be filled out by Police Department**

1. Is the street on which the project will be located adequate for emergency vehicle access?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Are there any parking restrictions which should apply?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Are there any other actions which the applicant should take to ensure adequate safety?

Y N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Inspected By: \_\_\_\_\_

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

Please return to Building Commissioner by: \_\_\_\_\_



# CHICOPEE ELECTRIC LIGHT

725 Front Street  
Chicopee, MA 01020  
(413) 598-8311

**SECTION 1: To be completed by Applicant** (All items below must be completed and a copy of the appropriate Assessor's Map and Plot Plan shall be submitted with the form or it will be returned to Applicant)

**Location of Property:** \_\_\_\_\_

**Applicant Name & Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Owner's Names & Address:** \_\_\_\_\_

(if different than Applicant) \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Zoning:** \_\_\_\_\_

**Description of Work To Be Performed:** \_\_\_\_\_

**Electric Heat:** ☐ Yes ☐ No

**Electric Hot Water:** ☐ Yes ☐ No

**Central Air Conditioning:** ☐ Yes ☐ No Size: \_\_\_\_\_

**Type of Service Requested:** ☐ Overhead ☐ Underground (\*)

(\*) Underground service could be required by City regulations and may be at the customers expense

**SECTION 2: To be completed by CEL**

1. Is electrical service readily available to the above location? Yes ☐ No ☐

Explanation / Comments: \_\_\_\_\_

2. Will significant additional equipment (i.e. poles, transformers, conduit, etc.) need to be installed to make electrical service available to the site & will service charges apply? Yes ☐ No ☐

Explanation / Comments: \_\_\_\_\_

3. Additional comments &/or requirements: \_\_\_\_\_

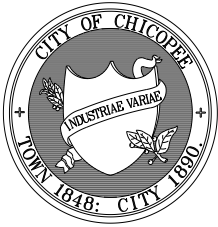
Approved ☐

Approved w/ Comments ☐

Not Approved ☐

\_\_\_\_\_  
Chicopee Electric Light

\_\_\_\_\_  
Date



## City of Chicopee

Department of Public Works  
115 Baskin Drive  
Chicopee, MA 01020

Jeffrey Neece, DPW Superintendent  
Phone: (413) 594-3557  
Fax: (413) 594-3569

Steven J. Frederick, City Engineer  
Phone: (413) 594-3416  
Fax: (413) 594-3441

### Building Checklist

Location of Property:  Assessor Map/Parcel:

Applicant's Name:

Applicant's Address:

Phone Number:  Date:

Owner's Name & Address:  
(if different than applicant)

Proposed Use:  Zoning:

*See Page 2 for Additional Submission Requirements*

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#### For Official Use Only

Date Submitted to Eng. Dept.  Reviewed by:

Comments:

House Number Assigned:  Frontage:

#### City Engineer Comments

Disapproved / Approved / Approve w/conditions Date:  Initials:

Comments:

#### DPW Superintendent Comments

Disapproved / Approved / Approve w/conditions Date:  Initials:

Comments:

# Site Plan Submission Requirements

Certification from a Registered Land Surveyor or Professional Engineer under the General Laws of the Commonwealth of Massachusetts.

- Plan scale shall be a maximum of 1" = 20'
- Plan shall show all existing surface features including:
  - Grading (1' contour interval)
  - Trees over 12" diameter
  - Road edge and curbing type
  - Road surface condition along frontage
  - Utilities within frontage (sewer, water, electric, cable, gas)
  - Location and elevation of benchmark within 100' of proposed structure
  - Sidewalk location and type
  - Dimensions and area of parcel
  - Zoning
- Plan shall show all proposed surface features including:
  - Grading (1' contour interval)
  - Location of structure with dimensions and offsets to property lines
  - Driveway location, dimension, surface type, cross section
  - Any improvements within the City Right-of-Way
  - Proposed Stormwater management
  - Offsets from buildings to property lines
  - Details for construction, i.e. sewer clean-out, trench (see <http://www.chicopeema.gov/page.php?id=80>)

## Additional Requirements:

- Property corners and building corners shall be staked with a 36" tall by 1" x 1" square stake. Stakes shall be flagged or painted for identification.
- Stormwater and erosion controls meeting Chapter 231, State and Federal Regulations.
- A Street Occupancy Permit shall be required by anyone that desires to work within the City Layout. It is recommended that the Contractor apply and obtain this permit.

## General Requirements:

- A sewer entrance fee must be paid before tying into the City sewer. This fee is paid at the DPW.
- Please note that a minimum of three- (3) working days notice is required to process and approve a Street Occupancy Permit.
- Street excavation is not allowed from November 15<sup>th</sup> through March 31<sup>st</sup> (These dates are subject to change based on weather conditions and availability of bituminous concrete for road repair).
- During the construction, it is the contractor's responsibility to ensure that adequate erosion control measures are in place and maintained until adequate vegetation is established. The street shall remain clear and free of debris throughout construction.

## WATER POLLUTION CONTROL

80 Medina Street  
Chicopee, MA 01013  
(413) 594-3585

### Section 1: To be completed by Applicant

Location of Property: \_\_\_\_\_ Map/Parcel #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name & Address: \_\_\_\_\_  
(if different than applicant) \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Zoning: \_\_\_\_\_

Application Date: \_\_\_\_\_

### Section 2: To be filled out by Water Pollution Control Department

1. Has a City of Chicopee discharge permit been applied for? Y      N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Are there any additional permits (i.e. State Extension Permit) required? Y      N

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Environmental Compliance Supervisor Date

\_\_\_\_\_  
Collection System Senior Operator Date

Date Sent to DPW Superintendent \_\_\_\_\_

Date Sent to Owner \_\_\_\_\_

## WATER DEPARTMENT

115 Baskin Drive  
Chicopee, MA 01020  
(413)594-3420

### **Section 1: To be completed by Applicant**

**Location of Property:** \_\_\_\_\_ **Map/Parcel #:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Owner's Name & Address:** \_\_\_\_\_

(If different than applicant) \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Zoning:** \_\_\_\_\_

### **Section 2: To be filled out by Water Department**

**1. Is water service available in right-of-way directly in front or to the side of property?**

**Y      N**

**Comments:** \_\_\_\_\_

**2. Is water pressure sufficient for proposed project?**

**Y      N**

**Comments:** \_\_\_\_\_

**3. Must Additional hydrants be installed to adequately serve the project?**

**Y      N**

**Comments:** \_\_\_\_\_

**4. Is a cross connection evaluation necessary?**

**Y      N**

**Comments:** \_\_\_\_\_

**Note:** Domestic irrigation systems require, at minimum, a pressure type vacuum breaker for cross connection control.

**IMPORTANT NOTE:** Service connection installation is subject to the availability of "hot" bituminous concrete for road repair. Once asphalt plants shut down for the season, no connections will be installed. All materials used must conform to Water Department specifications. The Water Department should be notified two weeks in advance, so that appropriate scheduling can take place. All installations are subject to final approval of the Water Superintendent.

\_\_\_\_\_  
**Water Department Engineer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Water Superintendent**

\_\_\_\_\_  
**Date**

Please return to Building Commissioner by: \_\_\_\_\_



CITY OF CHICOPEE, MASSACHUSETTS

BUILDING DEPARTMENT  
BUILDING PERMIT APPLICATION

Munis No. \_\_\_\_\_

Permit No. \_\_\_\_\_

Permit Fee: \_\_\_\_\_

IMPORTANT – Complete ALL items where applicable

SECTION 1: LOCATION OF BUILDING

Address: \_\_\_\_\_

Lot No.: \_\_\_\_\_

Zone: \_\_\_\_\_

Assessor Map/Parcel No.: \_\_\_\_\_

SECTION 2: TYPE AND COST OF BUILDING – Complete ALL Items where applicable

2.1. TYPE OF IMPROVEMENT

☐ New Building  
☐ Moving (relocation)  
☐ Foundation Only

2.2. OWNERSHIP

☐ Private (individual, corporation, nonprofit institution, etc.)  
☐ Public (Federal, State or Local Government)

2.3. PROPOSED USE

Residential

☐ One Family  
☐ Two or more family – enter # of units \_\_\_\_\_  
☐ Transient hotel, motel or dormitory  
enter # of units . . . . . \_\_\_\_\_  
☐ Mobile Home  
☐ Other – Specify \_\_\_\_\_

Nonresidential

☐ Amusement, recreational  
☐ Church, other religious  
☐ Industrial  
☐ Parking Garage  
☐ Service Station, repair garage  
☐ Hospital, institutional

☐ Office, bank, professional  
☐ Public utility  
☐ School, library  
other educational  
☐ Stores, mercantile  
☐ Tanks, towers  
☐ Other – Specify \_\_\_\_\_

2.4. COST

Cost of Improvement \$ \_\_\_\_\_  
To be installed but not included in the above cost

Electrical \$ \_\_\_\_\_

Plumbing \$ \_\_\_\_\_

Heating, A.C. \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total cost of Improvement \$ \_\_\_\_\_

Describe in detail proposed use of building

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CODE EDITION: \_\_\_\_\_

USE GROUP: \_\_\_\_\_TYPE OF CONSTRUCTION: \_\_\_\_\_

SECTION 3: SELECTED CHARACTERISTICS OF BUILDING – Complete ALL items where applicable

3.1. PRINCIPAL TYPE OF FRAME

☐ Masonry (wall bearing)  
☐ Wood Frame  
☐ Structural Steel  
☐ Reinforced concrete  
☐ Other – Specify \_\_\_\_\_

3.2. PRINCIPAL TYPE OF HEATING FUEL

☐ Gas  
☐ Oil  
☐ Electricity  
☐ Coal  
☐ Other – Specify \_\_\_\_\_

3.3. NUMBER OF OFF STREET PARKING SPACES

Enclosed . . . . . \_\_\_\_\_  
Outdoors . . . . . \_\_\_\_\_

3.4. TYPE OF SEWAGE DISPOSAL

☐ Public or private company  
☐ Individual (septic tank, etc.)

3.5. TYPE OF WATER SUPPLY

☐ Public or private company  
☐ Individual (well, cistern)

3.6. TYPE OF MECHANICAL

Will there be central air conditioning?  
☐ Yes ☐ No  
Will there be an elevator?  
☐ Yes ☐ No

3.7. DIMENSIONS

Number of stories . . . . . \_\_\_\_\_  
Size of building – front . . . . . \_\_\_\_\_  
rear . . . . . \_\_\_\_\_  
deep . . . . . \_\_\_\_\_  
Total square feet of floor area, all floors based on exterior dimensions . . . . . \_\_\_\_\_  
Total square foot of garage area . . . . . \_\_\_\_\_  
Size of lot - front . . . . . \_\_\_\_\_  
depth . . . . . \_\_\_\_\_  
Total land area, square feet . . . . . \_\_\_\_\_

3.8. RESIDENTIAL BUILDINGS ONLY

Number of Bedrooms . . . . . \_\_\_\_\_  
Number of Bathrooms – . . . . . Full . . . . . \_\_\_\_\_  
Partial . . . . . \_\_\_\_\_

3.9. LOCATION OF BLDG. ON LOT – DISTANCE OF BLDG FROM

Street line \_\_\_\_\_ ft Right lot line \_\_\_\_\_ ft  
Left lot line \_\_\_\_\_ ft Rear lot line \_\_\_\_\_ ft  
Is this a corner lot? ☐ Yes ☐ No  
If answer is Yes – Distance of Bldg. from side street line: \_\_\_\_\_ ft

3.10. LAND TYPE

Will the building be on ☐ Solid land ☐ Filled land  
Foundation will be laid on ☐ Earth ☐ Timber  
☐ Rock ☐ Piles

SECTION 4: IMPORTANT- This question must be answered before a building permit will be issued. Has the property listed in Section 1. been the subject of a zone change within the past 12 months?



OVER

5. IDENTIFICATION – To be completed by all Applicants			
Name	Mailing Address	Zip Code	Phone Number
5.1. Owner _____			
5.2. Architect _____			
5.3. Contractor _____			
		CSL # :	
5.4. The owner of this building agrees to conform to all applicable laws of the City of Chicopee and the Commonwealth of Massachusetts.			
Signature of Owner		Application Date	

DO NOT START CONSTRUCTION UNTIL YOU HAVE RECEIVED YOUR PERMIT

DO NOT WRITE ON LINES BELOW

Permit No. \_\_\_\_\_

APPLICATION FOR PERMIT

OWNER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LOT No: \_\_\_\_\_

NEW BUILDING ☐

PERMIT GRANTED

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Building Commissioner

DIRECTIONS FOR OBTAINING A PERMIT:

1. Submit a completed and signed application along with the HVAC worksheet

2. Proof of Workman’s Compensation Insurance and Certificate of Liability must be attached

3. Building Check-List completed by appropriate departments (if required)

4. Site Plan Review (if required)

5. Control Construction Affidavit (if required)

6. Plans are necessary as follows : Building Plans – approved by the Chicopee Fire Department  
Plot Plans – must have original stamp by the Licensed Surveyor

7. Permit fee



*The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111  
www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

**Name** (Business/Organization/Individual) : \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself [No workers' comp. insurance required] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption perm MGL c. 152, § 1(4), and we have no employees. [no workers' comp. insurance required.]</p> |
|---|---|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration (date)).**

Failure to secure coverage as required under Section 25a of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

***I do herby certify under the pains and penalties of perjury that the information provided above is true and correct.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

***Official use only Do not write in this area to be completed by city or town official***

**City or Town:** \_\_\_\_\_ **Permit/license #:** \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health    2. Building Department    3. City/Town Clerk    4. Electrical Inspector    5. Plumbing Inspector
6. Other \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the forgoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees, However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer".

MGL chapter 152 section §25(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152 section §25(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the Members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Towns Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111**

**phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE**

**fax#: (617) 727-7749**

**www.mass.gov/dia**